## Case 18-16446-amc Doc 84 Filed 08/30/19 Entered 09/03/19 08:56:56 Desc Main Document Page 1 of 2

	in this information to identify your c			
Del	otor 1 Howard D P	opky		
	otor 2 ouse, if filing)			
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	
	se number18-16446			Check if this is:
(If kr	nown)			An amended filing
				☐ A supplement showing postpetition chapter 13 income as of the following date:
0	fficial Form 106I			MM / DD/ YYYY
S	chedule I: Your Inc	ome		12/15
spo atta	plying correct information. If you use. If you are separated and you	are married and not fili r spouse is not filing w	ing jointly, and your spouse is livith you, do not include information	and Debtor 2), both are equally responsible for ng with you, include information about your in about your spouse. If more space is needed, case number (if known). Answer every question
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment  Fill in your employment	are married and not fili r spouse is not filing w	ing jointly, and your spouse is livith you, do not include information	ng with you, include information about your n about your spouse. If more space is needed,
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Par 1.	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The Describe Employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student	are married and not filing work on the top of any addition to the top of any additional top of a support to the top of any additional top of a support top of a	Debtor 1  Employed  Dentist  Howard D. Popky DDS  1009 Valley Forge Road Norristown, PA 19403	ng with you, include information about your n about your spouse. If more space is needed, case number (if known). Answer every question  Debtor 2 or non-filing spouse

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

			non-	non-filing spouse				
2.	\$	2,484.21	\$	N/A				
3.	+\$	0.00	+\$_	N/A				
4.	\$	2,484.21	\$	N/A				

For Debtor 2 or

For Debtor 1

Official Form 106l Schedule I: Your Income page 1

Deb	or 1	Howard D Popky	_	Case	number (if known)	18-164	46	
				Fo	r Debtor 1		btor 2 or	e
	Сор	y line 4 here	4.	\$	2,484.21	\$	N.	<u>'A</u>
5.	List	all payroll deductions:						
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	612.20	\$	N	/A
	5b.	Mandatory contributions for retirement plans	5b.	\$-	0.00	\$		A A
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		/A
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		/A
	5e.	Insurance	5e.	\$	0.00	\$		<b>/</b> A
	5f.	Domestic support obligations	5f.	\$_	0.00	\$		<u>/A</u>
	5g.	Union dues	5g.	\$_	0.00			/A
	5h.	Other deductions. Specify:	5h.+		0.00			<u>/A</u>
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	612.20	\$		<u>/A</u>
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,872.01	\$	N.	<u>/A</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N	/A
	8b.	Interest and dividends	8b.	\$	0.00	\$		A A
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	\$	0.00	\$		/A
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N.	<b>/</b> A
	8e.	Social Security	8e.	\$_	1,892.90	\$	N,	<u>/A</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.	\$_	0.00	\$		<b>/A</b>
	8g.	Pension or retirement income	8g.	\$_	0.00	\$		<u>/A</u>
	8h.	Other monthly income. Specify:	8h.+	\$_	0.00	+ \$	N.	<u>/A</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,892.90	\$	ı	√A
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		3,764.91 + \$		N/A = \$	3,764.91
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			3,7 3 4.3 1	'		0,104.01
11.	Incluothe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not cify:	r deper		. ,	,	nedule J. 11. +\$ _	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certaines					12. \$	3,764.91
13.		ou expect an increase or decrease within the year after you file this form	1?					bined thly income
	_	No.						

Official Form 106l Schedule I: Your Income page 2